

UNITED STATES DISTRICT COURT
for the
Eastern District of New York

**The CITY OF NEW YORK, by and through the FDNY,
and the FDNY FOUNDATION, INC.,**

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Civil Action No. 22-CV-8190

22-CV-3190

JUAN HENRIQUEZ and
MEDICAL SPECIAL OPERATIONS COMMUNITY
INC.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

MEDICAL SPECIAL OPERATIONS COMMUNITY INC.
2344 Date Street
Saint James City, Florida 33956

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: [REDACTED]

**Gerlad E. Singleton
New York City Law Department
100 Church Street, Room 20-093
New York, New York 10007**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**BRENNNA B. MAHONEY
*CLERK OF COURT***

/s/Priscilla Bowens

Signature of Clerk or Deputy Clerk

Date: 6/1/2022



Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____,
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify):* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____ *Server's signature*

Printed name and title

Server's address

Additional information regarding attempted service, etc: